



SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH
STATE DIRECTOR JOHN H. MAGILL

ANDERSON-OCONEE-PICKENS MENTAL HEALTH CENTER
EXECUTIVE DIRECTOR KEVIN W. HOYLE

March 2018

DMH OPERATES A NETWORK OF 17 COMMUNITY MENTAL HEALTH CENTERS, 43 CLINICS, FOUR HOSPITALS, THREE VETERANS' NURSING HOMES, ONE COMMUNITY NURSING HOME, A FORENSIC PROGRAM, AND A SVPTP.

DMH HOSPITALS AND NURSING HOMES

Columbia, SC

G. Werber Bryan Psychiatric Hospital

William S. Hall Psychiatric Institute (Child & Adolescents)

Morris Village Alcohol & Drug Addiction Treatment Center

C.M. Tucker, Jr. Nursing Care Center - Stone Pavilion (Veterans Nursing Home)

C.M. Tucker, Jr. Nursing Care Center - Roddey Pavilion

Anderson, SC

Patrick B. Harris Psychiatric Hospital

Richard M. Campbell Veterans Nursing Home

Walterboro, SC

Veterans Victory House (Veterans Nursing Home)

DMH HISTORY AND DEMOGRAPHICS

South Carolina has a long history of caring for those suffering from mental illness. In 1694, the Lords Proprietors of South Carolina established that the destitute mentally ill should be cared for by local governments. The concept of "Outdoor Relief," based upon Elizabethan Poor Laws, affirmed that the poor, sick and/or disabled should be taken in or boarded at public expense. In 1762, the Fellowship Society of Charleston established an infirmary for the mentally ill. It was not until the 1800's that the mental health movement received legislative attention at the state level.

Championing the mentally ill, South Carolina Legislators Colonel Samuel Farrow and Major William Crafts worked zealously to sensitize their fellow lawmakers to the needs of the mentally ill, and on December 20, 1821, the South Carolina State Legislature passed a statute-at-large approving \$30,000 to build the South Carolina Lunatic Asylum and a school for the 'deaf and dumb'.

The Mills Building, designed by renowned architect Robert Mills, was completed and operational in 1828 as the South Carolina Lunatic Asylum. The facilities grew through the decades to meet demand, until inpatient occupancy peaked in the 1960's at well

over 6,000 patients on any given day. Since the 1820's, South Carolina state-run hospitals and nursing homes have treated approximately one million patients and provided over 150 million bed days.

In the 1920's, treatment of the mentally ill began to include outpatient care as well as institutional care. The first outpatient center in South Carolina was established in Columbia in 1923.

The 1950's saw the use of phenothiazines, "miracle drugs" that controlled many severe symptoms of mental illness, making it possible to "unlock" wards. These drugs enabled many patients to function in society and work towards recovery, reducing the need for prolonged hospitalization. Government support and spending increased in the 1960's. The South Carolina Community Mental Health Services Act (1961) and the Federal Community Health Centers Act (1963) provided more funds for local mental health care.

The South Carolina Department of Mental Health (DMH) was founded in 1964. In 1967, the first mental healthcare complex in the South, the Columbia Area Mental Health Center, was built. Since then, the Centers and clinics have served more than three million patients, and provided more than 42 million clinical contacts.

Today, DMH operates a network of 17 community mental health centers, 43 clinics, four hospitals, three veterans' nursing homes, one community nursing home, a Forensic Program, and a Sexually Violent Predator Treatment Program (SVPTP). DMH is one of the largest hospital and community-based systems of care in South Carolina.

In response to community needs, DMH has developed multiple innovative blue-ribbon programs, two of which are its School-based program and its Telepsychiatry program. As of August, 2015, DMH's School-based program has mental health professionals embedded in approximately 500 public schools and serves 13,000 children per year. The Telepsychiatry program, which utilizes state of the art equipment that allows doctors to see, speak with, and evaluate patients from remote locations, is currently located in 23 emergency departments and has provided more than 25,000 consults.

DMH
MISSION:
TO SUPPORT THE
RECOVERY
OF PEOPLE WITH
MENTAL
ILLNESSES.



Anderson-Oconee-Pickens Mental Health Center

200 McGee Road
Anderson, SC 29625
(864) 260-2220

Counties served: Anderson, Oconee, and Pickens

ANDERSON-OCONEE-PICKENS MENTAL HEALTH CENTER

The Anderson Oconee and Pickens mental health board was organized on November 20, 1962. At that time, the Center was led by Dr. William Bolt. It was one of 12 such entities across South Carolina, and was governed by the State Mental Health Commission.

The original location on North Main Street in Anderson was quickly outgrown and plans were made to build a larger facility. In March of 1968, the present location of Anderson-Oconee-Pickens Mental Health Center (AOPMHC), at 200 McGee Road in Anderson, was completed and ready for occupancy. In 1969, Dr. William Wood was appointed as center director.

To meet patient demand and to reduce transportation issues, satellite offices were opened in Oconee and Pickens counties in 1971 and 1974, respectively.

In addition to Drs. Bolt and Wood, executive directors for AOPMHC include Starlus Rigell (1971-1980), Mary Borough (1980-1985), Dr. Norman Robertson (1986-2005), and Kevin W. Hoyle (2005-present).

Today, AOPMHC provides mental health services to people of all ages, offering counseling, psychiatric assessment, medication management, crisis intervention, and other services to those experiencing serious mental illness and significant emotional disorders.

AOPMHC excels in Individual Placement and Supportive Employment, School-based Services, Family Outreach, Supported Residential Services, and more.

Since 1965, AOPMHC has provided more than 3,000,000 outpatient contacts/services. During fiscal year 2017, AOPMHC served 4,479 adults and 1,527 children; a total of more than 6,000 citizens of the Anderson, Oconee, and Pickens area received nearly 113,000 outpatient contacts/services.

All DMH facilities are licensed or accredited; AOPMHC has been nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) since 1997.

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BOARD OF DIRECTORS



Jane Jones
Board Chair



Sherry Hall
Board Vice-Chair



Carol Burdette
Board Member



Joseph McElwee, MD
Board Member

AOPMHC has a 15 member Board of Directors, led by Jane Jones, chair, and Sherry Hall, vice chair. Jane Jones said, "I am pleased that I can serve Anderson, Pickens, and Oconee Counties on the Mental Health Board."

Jane Jones is dedicated to being an active member of her community and previously served on the state Mental Health Commission for 11 years. She is a member of several community organizations including the Anderson County Republican Party, Anderson County Republican Women and Anderson County Planning Commission. Jane is also a Guardian ad Litem, a retired school teacher and real estate agent. She is an active member of Bethesda United Methodist Church in Powdersville, SC.

Sherry Hall is a resident of Belton, SC. She is married to Ronald B. Hall and has two daughters, Blythe Lauren and Avari Lynn. Sherry attended Lockhaven State College in Pennsylvania and graduated from Clemson University with a degree in Nursing in 1983. Currently, she is a Nurse Manager III for Harris Psychiatric Hospital.

Sherry is an active member of Neals Creek Baptist Church, where she sings in the choir. Sherry is involved in the AWANA program and is the Assistant Head Coach for the Varsity Girls Soccer Team at Belton-Honea Path High School. Her interests

are running, cycling, golf, knitting and reading.

Sherry says, "Serving on the AOP Board has given me the opportunity to bridge between in-patient hospitalization to out-patient through the Mental Health Centers and how we can continue to provide whatever services are needed to promote the best quality of care for our patients."

Board member Carol Burdette is the executive director of United Way of Anderson County. She has served on the Anderson-Oconee-Pickens Mental Health Center board of directors since 2011, and has been involved in the community for more than 25 years. She is active in her church, is a past chair of the Anderson Area Chamber of Commerce, past district governor of Rotary, and served as mayor of Pendleton for 12 years. Burdette has chaired Anderson's Sister City Association, was president of Clemson Little Theatre, served on the advisory board for the Palmetto Bank, and serves on the Board of Visitors of Anderson University.

Burdette states, "We must do all that we can as community leaders to address concerns and help those suffering from all forms of mental illness. The SC Department of Mental Health and its local offices play a major role in dealing with this issue, and I am pleased to be an advocate

for the services provided by the dedicated staff."

Joseph McElwee, MD, past vice-chair from Anderson County, has had a continuing interest in public health. A practicing psychiatrist, Dr. McElwee is an associate professor of Family Medicine and Psychiatry at AnMed Health in Anderson, and works in a residency program teaching psychiatry to family medicine residents. "I believe that one-on-one communication is important so that we can discuss mental health issues and advocate not only for increased funding, but also to make clear some of the challenges that patients seeking mental health services and referrals face," he said.

Kevin Hoyle, Executive Director, stated, "The Board continues to challenge me as a center director and the staff at the center to think of new and innovative ways to meet our mission to support the recovery of those with mental illness."

Hoyle and all board members expressed the need for a new facility for the AOPMHC. They hope that it will be a viable option for the community in the near future. "We have an investment in this concept in this state. A centralized system of care has so many advantages and we need to continue to work to keep that in place," said Dr. McElwee.

KEVIN W. HOYLE, EXECUTIVE DIRECTOR

Executive Director Kevin W. Hoyle has been an employee of DMH for over 30 years. Hoyle joined the staff of the Santee-Wateree Community Mental Health Center in October of 1985, where he served as clinic director in Clarendon County and later assistant director. He came to AOPMHC in 2003 as director of Outpatient Adult Services, eventually assuming the position of executive director in 2005.

Hoyle, who grew up in Winston-Salem, North Carolina, always sought a career in Human Services. "It's a family tradition. My father was a social worker," he said. Hoyle completed his undergraduate work at the University of North Carolina, and received his master's degree in Psychology from Wake Forest University.

Hoyle says it's an honor to work with his staff and board

of directors. "I think the AOPMHC staff does an exceptional job and I am proud of the dedication they show. They are devoted to our patients," he said. "I am also proud of the board of directors; we have one of the most active boards in the state."

He is most proud of AOPMHC's ability to maintain Enhanced Residential Services (ERS). The focus of ERS is to help clients struggling with severe persistent mental illness avoid hospitalization/re-hospitalization through a combination of structured housing placement and mental health services. The goal is to provide living conditions that resemble, as closely as possible, home-style living.

Under Hoyle's direction AOPMHC offers an array of services to both adults and children. He encourages staff to work to develop new rela-

tionships with other agencies and to strengthen existing ones. AOPMHC has established a Probate Judges' Quarterly Forum that is extremely well attended, with representatives from hospitals, the probate judges from AOPMHC's three-county catchment area, law enforcement, and behavioral health.

The Center participates in the Children's Policy Council, organized by the Anderson County DSS, and has established a close relationship with Clemson University. In addition, Hoyle and a local hospital CEO co-chair a group that keeps a watchful eye on situations that may arise for individuals needing psychiatric services and general emergency services in emergency rooms.

Hoyle's vision for AOPMHC has always been to be known as the premier place to go for mental health treatment.



Kevin W. Hoyle,
Executive Director

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TRACY RICHARDSON, COMMUNITY SERVICES DIRECTOR

At the age of 12, Tracy Richardson knew, due to her experience with a close family member who had been diagnosed with bi-polar disorder, that she wanted to not only help her family, but others. She began her career with DMH at Patrick B. Harris Psychiatric Hospital in 1994. Three years later, she transferred from the inpatient setting to AOPMHC.

Since then, she has served in several positions at the Center, presently overseeing Community Services, which includes supervising the co-occurring program and the

Daybreak Recovery Center, among others.

The co-occurring program is designed to meet the special needs of clients with mental illness and a substance abuse disorder. Dealing with two illnesses at the same time presents significant challenges. The co-occurring program has three clinicians, one in each county.

The Daybreak Recovery Center is a Psychosocial Rehabilitative Program focused on wellness and recovery. The goal of the Center is to assist clients with achieving their optimal level of functioning

while leading successful productive lives in the community.

She works closely with Anderson Oconee Behavioral Health Services and the Vocational Rehabilitation Department. Richardson says, "In working with individuals with mental illness I have found several things are required: dedication, commitment, understanding, patience, and, of course, knowledge. We must be healthy ourselves in order to be healthy advocates for our clients. And at the end of the day, we have to be the voice of our clients."



Tracy Richardson,
Community Services Director

CARLY PATTERSON, M.ED., CHILD, ADOLESCENT, AND FAMILY SERVICES COORDINATOR



Carly Patterson, M.Ed.,
Child, Adolescent, and Family
Services Coordinator

Carly Patterson, who has been with AOPMHC for more than 15 years, always wanted to work with children. AOPMHC was her first job out of college, and she says it has been a good fit. She began her career in outpatient services and then moved to school-based services before becoming the coordinator of the Children's Alternative to Placement Program (CAP). She is now the Child, Adolescent, and Family (CAF) Services Coordinator for AOPMHC.

As the CAF Coordinator, Carly supervises outpatient CAF clinic services, school-based services, and intensive in-home services including CAP. The focus of CAP is to wrap necessary services around a child and his or her

family to keep the child at home and out of residential treatment programs. "The objective is to keep children where they are," she explained. Family outreach staff go into homes and spend time working with families on site. Since the program began, more than 90% of children served have been able to remain at home.

Patterson also supervises staff out-stationed at other agencies. In Anderson County, an AOPMHC clinician works at the local Department of Juvenile Justice office to prevent and decrease youth involvement with the juvenile justice system by offering counseling and other supportive services to adolescents and their families. Services are delivered in schools, homes, Center offic-

es, and other environments. Two AOPMHC counselors are based out of the Departments of Social Services in Anderson and Pickens counties, working with children placed in foster care. These efforts have led to increased collaboration between agencies and improved service delivery to children and families in our area. "It is great being with people who love what they do," said Patterson. "This center does a lot of things well in its service to children and families, but strong collaborations with other agencies is one of the things AOPMHC does best. When we are all working together on the same page for our clients I think we can make things happen that are in their best interest."

ERIC TURNER, CHIEF OF CLINICAL OPERATIONS AND ASSISTANT DIRECTOR



Eric Turner, Chief of Clinical
Operations and
Assistant Director

Eric Turner was motivated to enter the area of counseling through his experiences with helping soldiers through difficult times while on active duty.

The Pickens County native participated in Army ROTC while a student at Clemson University, receiving a Commission as a 2nd Lieutenant as he started his senior year of college. Upon graduation, Turner entered the active military as an Armor officer. Over the next 12 years, he served in a variety of manage-

ment and command staff positions within the Armor Branch.

Turner left the active military in 1993 and worked in management until he felt led to enter Seminary and focus on counseling. He completed his 96-hour Master's in Divinity in Counseling in 1998 and began working as a counselor at AOPMHC in February 1999. He additionally continued his military service through his seminary years in the Reserves and National Guard where he now serves

as a Chaplain. During his time at AOPMHC, Turner has been deployed twice: once to Iraq in 2004-05 and once to Afghanistan in 2011-12, returning to work the first of March of 2012.

Turner is a Lieutenant Colonel with more than 31 total years of service. He is currently the Chief of Clinical Operations and Assistant Director for AOPMHC. "I have a desire to help others and what we do impacts families and lives on a daily basis."

QUEENNA PATTERSON, M.ED., SCHOOL-BASED COUNSELOR

Queenna Patterson has been with DMH since 2005 and has been a school-based counselor for more than two years. She began her career at AOPMHC on the Assessment Team. After expressing an interest to work with children, she transferred to School-based Services. Her professional experience includes working with Share Head Start in Anderson, the Department of Disabilities and Special Needs, Charter Hospital, and Mentor-Therapeutic Foster Care.

AOPMHC's 21 school-based counselors serve three counties, in 35 schools. Program referrals typically come from

guidance counselors. School-based counselors try to see students when it will not take them away from their core classes, placing them in individual or group treatment, depending on the needs of each student.

Family treatment services are available, but can be difficult to provide because many parents do not have transportation and/or have strict work schedules, though most families are willing to come into family treatment if they can.

Patterson believes school-based services could be enhanced by having one coun-

selor per school and a presence in schools on a daily basis.

One of the many things she likes about working with children is being actively involved in giving them support in reaching their goals, and helping them to become self-sufficient and responsible. "It is one of the most rewarding things to actually see them make positive changes," she said. "It is so rewarding to follow them through high school, seeing them reach even more goals, and knowing that we may have had some small part in this process."



Queenna Patterson, M.Ed,
School-based Counselor

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JEANNE WARD, RN, EDD, FACHE, REGIONAL PRESIDENT, GREENVILLE HEALTH SYSTEM

Jeanne Ward is the regional president for Oconee and Pickens Counties for Greenville Health System and former president and CEO of Oconee Memorial Hospital, an acute care facility with 169 beds in Seneca. The hospital admitted its first patient on January 31, 1939, and has continued to grow in structure and service delivery. Ward explained that the hospital has undergone significant change over the years, due in part to the change in community demographics. The community has a tremendous influx of retirees from all parts of the country. As such, the hospital continues to special-

ize in areas that cater to the retirement population.

The Oconee Memorial Hospital and AOPMHC have a very strong collaborative relationship, and are currently working on a collaboration to share a psychiatrist. Ward said that, "continued partnership is key to our success in reaching and meeting the needs of the community."

"One of our goals is to continue brainstorming about how to provide more housing for individuals that have mental health issues, so that they will not end up on the street and will hopefully return to living successfully in the communi-

ty. We focus, too, on case management services that enhance the quality of life for the mentally ill in this community and others. We have become navigators of how to help clients, with a close focus on the uninsured."

Ward believes that Executive Director Hoyle "is always interested in meeting the needs of our community. He has vision and is not afraid to think outside the box." She reports that the hospital physicians and staff have a tremendous amount of respect for Hoyle and AOPMHC, and that the patient population also has a great respect for the Center.



Jeanne Ward, Regional President,
RN, EDD, FACHE,
Greenville Health System



TO SUPPORT THE RECOVERY OF
PEOPLE WITH MENTAL ILLNESSES.

SC DEPARTMENT OF MENTAL HEALTH

2414 Bull Street
Columbia, South Carolina 29201

Phone: (803) 898 - 8581

WWW.SCDMH.ORG

ANDERSON-OCONEE-PICKENS COMMUNITY MENTAL HEALTH CENTER

200 McGee Road
Anderson, SC 29625
(864) 260-2220

Oconee Clinic
115 Carter Park Drive
Seneca, SC 29678
(864) 885-0157

Pickens Clinic
337 West Main Street
Easley, SC 29640
(864) 878-6830

WWW.AOPMENTALHEALTH.ORG

RECOVERY SPOTLIGHT

BY-LUCY J., AOPMHC CLIENT ADVISORY BOARD MEMBER

It started during the 1980's. I was really depressed then. I was 18, newly married with a baby, and working full time. I had a lot of problems back then and it was a lot to adjust to.

Things would get so stressful, I would go off to see my mother. Sometimes she would take me down to the hospital, and I was admitted several times. I would get suicidal and needed to go inpatient. It was during that time I started coming to the AOPMHC. Sometimes I would come in as a "walk

-in" when I had an episode.

Later, when things started to settle down, I began attending the Daybreak Center for Recovery, an AOPMHC program that focuses on helping people achieve wellness and recovery. While there, during the educational groups, I learned about my mental illness and ways to deal with it. I started to make friends. I started to think positively about myself. I started to take on some leadership roles and I started to talk.

I had a reason to get up and get going. I was asked to join the AOPMHC Client Advisory Board. At first I didn't know what I was supposed to do. I didn't want to say anything wrong and I was afraid people wouldn't like me, but someone has to be the leader, and I was being a leader. I enjoy my role on the Client Advisory Board.

Oh, 1993! I have stayed out of the hospital since 1993!

I graduated from the Daybreak Center for Recovery in August of 2011. I want to keep busy and healthy.

Now, I work cleaning two days a week and also volunteer in Medical Records at the AOPMHC.

You just don't know what you can do until you try!



Lucy J.,
Client Advisory Board Member